Northern Virginia Long-Term Care **Ombudsman Program (NVLTCOP)**



Serving the Jurisdictions of Alexandria, Arlington, Fairfax and Loudoun, through their Area Agencies on Aging











Million Hearts Campaign

The federal government hopes to prevent 1 million heart attacks and strokes by promoting cardiovascular health across the nation. It launched the "Million Hearts" campaign to achieve this goal by 2017.

(continued on page 2)

In this issue:

- Million Hearts Campaign
- Volunteer Advocates Needed!
- A Toolkit for Long-Term Care Employers
- Forgetfulness: Knowing When to Ask for Help
- Volunteer Ombudsman Spotlight

Some activities to achieve this goal include:

- Educational awareness campaigns to increase awareness about heart disease prevention and empower patients to take control of their heart health.
- The use of health information technology to improve the delivery of care for high blood pressure and high cholesterol.
- To promote community efforts to educate people about smoke-free air policies and to reduce the amount of sodium in food.

Five steps that each of us can take to reach this goal are:

- 1. **Understanding** the risks of heart disease.
- 2. **Get active** by exercising for 30 minutes several days a week.
- 3. Know your ABCS:
 - Appropriate aspirin therapy
 - Blood pressure control
 - Cholesterol management
 - Smoking cessation
- 4. **Stay strong** by eating a heart-healthy diet that is high in fresh fruits and vegetables and low in sodium, saturated and trans fats, and cholesterol.
- 5. **Take control** of your heart health by following your doctor's instructions for medications and treatment.

Heart disease is responsible for one of every three deaths in the country. Learn more at http://millionhearts.hhs.gov/index.html where you will find tools to assess your heart attack risk, a blood pressure calculator, and an interactive atlas of heart disease and stroke. There is also information on health plans and physician practices nationwide that have achieved excellent results in cardiovascular care, including high rates of hypertension control, cholesterol management and smoking cessation.

Happy Valentine's Day!



Volunteer Advocates Needed!



For Residents in Long-Term Care

The Northern Virginia Long-Term Care
Ombudsman Program is looking for people who
are empathetic, diplomatic, assertive and
skilled communicators to be Volunteer
Ombudsmen.

As an Ombudsman you will be assigned to visit a local nursing or assisted living facility, working to ensure that the residents' rights are being protected and helping residents with problems that they are unable to resolve alone.

Volunteer Ombudsmen dedicate four hours per week for one year. Visits must occur between 8 a.m. and 6 p.m. on weekdays. Ongoing support and training provided.

The next initial 3-day training will be:

March 9, 11 and 18, 2015

8:30 a.m. to 4:00 p.m.

We ask that you also reserve **March 23, 2015** as a back-up date should there be any weather related cancelations.

For more information, please call (**703**) **324-5861** or visit www.fairfaxcounty.gov/LTCOmbudsman.

Page 2 THE UPDATE

A Toolkit for Long-Term Care Employers

The federal government created a Web-based toolkit to help managers in long-term care (LTC) facilities improve influenza vaccination coverage among their staff.

This toolkit includes:

- guides to share with managers and staff,
- best-practices for achieving high influenza vaccination among staff,
- a chart of common barriers to influenza vaccination and strategies for overcoming them.
- an easy to follow guide on the Affordable Care Act's role in increasing access to influenza vaccination in this population, and so much more.

Find more information at www.cdc.gov/flu/toolkit/long-term-care/.

Forgetfulness: Knowing When to Ask for Help

Many people worry about becoming forgetful. They think forgetfulness is the first sign of Alzheimer's disease. According to the National Institute on Aging, over the past few years, scientists have learned a lot about memory and why some kinds of memory problems are serious but others are not.

Age-Related Changes in Memory

Forgetfulness can be a normal part of aging. As people get older, changes occur in all parts of the body, including the brain. As a result, some people may notice that it takes longer to learn new things, they don't remember information as well as they did, or they lose things like their glasses. These usually are signs of mild forgetfulness, not serious memory problems.

Other Causes of Memory Loss

Some memory problems are related to health

issues that may be treatable. For example, medication side effects, vitamin B_{12} deficiency, chronic alcoholism, tumors or infections in the brain, or blood clots in the brain can cause memory loss or possibly dementia. Some thyroid, kidney, or liver disorders also can lead to memory loss. A doctor should treat serious medical conditions like these as soon as possible.

Emotional problems, such as stress, anxiety, or depression, can make a person more forgetful and can be mistaken for dementia. For instance, someone who has recently retired or who is coping with the death of a spouse, relative, or friend may feel sad, lonely, worried, or bored. Trying to deal with these life changes leaves some people confused or forgetful.

More Serious Memory Problems

For some older people, memory problems are a sign of a serious problem, such as mild cognitive impairment or dementia. People who are worried about memory problems should see a doctor. The doctor might conduct or order a thorough physical and mental health evaluation to reach a diagnosis. Often, these evaluations are conducted by a neurologist, a physician who specializes in problems related to the brain and central nervous system.

Treatment for Dementia

A person with dementia should be under a doctor's care. He or she can treat the patient's physical and behavioral problems (such as aggression, agitation, or wandering) and answer the many questions that the person or family may have.

People with dementia caused by Alzheimer's disease may be treated with medications. Medication may help maintain thinking, memory, and speaking skills, and may lessen certain behavioral problems for a few months to a few years in some people. However, they don't stop Alzheimer's disease from progressing. Studies are underway to investigate medications to slow cognitive decline and to prevent the development of Alzheimer's.

Family members and friends can help people in (continued on page 4)

Page 3 THE UPDATE

(Continued from Page 3)

The early stages of dementia to continue their daily routines, physical activities, and social contacts. People with dementia should be kept up to date about the details of their lives, such as the time of day, where they live, and what is happening at home or in the world.

What You Can Do

If you're concerned that you or someone you know has a serious memory problem, talk with your doctor. He or she may be able to diagnose the problem or refer you to a specialist in neurology or geriatric psychiatry. Healthcare professionals who specialize in Alzheimer's can recommend ways to manage the problem or suggest treatment or services that might help.

For more information, please visit www.nia.nih.gov/health/publication/forgetfulness

Correction: The article on the Chronic Disease Self-Management Program that appeared in the December, 2014 UPDATE, incorrectly stated that the program would be available through all of the Northern Virginia Area Agencies on Aging. The Chronic Disease Self-Management Program is available in our area through the Fairfax County Area Agency on Aging that can be reached at 703-324-5489, and through the Loudoun County Area Agency on Aging that can be reached at 703-777-0257. We apologize for any misunderstanding.

The Northern Virginia Long-Term Care Ombudsman Program is committed to a policy of nondiscrimination in all programs and services. To request reasonable accommodations or alternate formats, call 703-324-5861 (voice); 711 (TTY).

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Need Information or Have a Concern About Nursing or Assisted Living Facilities?

Northern Virginia Long-Term Care Ombudsman Program

12011 Government Center Parkway, Suite 708

Fairfax, VA 22035

Offices hours are Monday through Friday

from 8:00 a.m. to 4:30 p.m.

Intake Line: 703-324-5861 TTY: 711

Fax: 703-324-3575

Email us at: NVLTCOP@FairfaxCounty.Gov

To view information on the NVLTCOP website and to see the Investigation and Complaint Log, please go to:

www.FairfaxCounty.Gov/LTCOmbudsman

What an Ombudsman does:

- Advocates for improving the quality of life for persons receiving long-term care services
- Resolves complaints against long-term care providers through counseling, negotiation, and investigation
- **Provides information** about long-term care providers to help make an informed decision
- Educates the community about long-term care issues
- Visits residents of long-term care facilities on a weekly basis through our volunteer program
- Trains long-term care staff on long-term care related information
- Consults with providers

Volunteer Ombudsman Spotlight—Jan Tenerowicz



My full name is Janet Tenerowicz but I've been known as "Jan" all my life. I grew up in Jersey City, New Jersey and have many fond New Jersey memories. I had one brother and we were fortunate to have had a large extended family nearby. I came to Virginia by way of Georgetown University where I was graduated with a degree in Nursing. After graduation, I worked at Georgetown Hospital for a few years and then moved to Virginia with my husband, Bill Tenerowicz. Initially, I worked for Fairfax County Public

Health until we became the proud parents of Kristen and then a few years later, Michael. I am the proud grandmother of two grandchildren, Rose (10 years) and Thomas (8 years).

I was a stay-at-home Mom for 12 years and then went to work part time for the Arlington County Department of Human Services as a part time Home Health Nurse. A few years later, I was in a leadership position and had the opportunity to work collaboratively with a variety of Arlington County Department of Human Services programs focusing on services to the aging and disabled. I remember being involved with the initial start-up of the Ombudsman program in 1985. It's been interesting and exciting to see the development and success of the Ombudsman program.

I continued to work at the Arlington County Department of Human Services and in 1986 moved in to the Public Health Division where I managed several communicable disease programs. When I retired from that position, I did some consulting in public health emergency preparedness. After several years I decided it was "play time". In a short while, I knew I wanted to be a little more productive and remembered the Ombudsman program.

When I joined the program in 2009, much to my surprise I found two former work friends. I guess old nurses make pretty good Ombudsmen! I became an Ombudsman because I know something about aging issues and because I am comfortable with older adults. I appreciate all that older adults have experienced in their lives, that each person is unique, and mostly that their day-to-day lives are still important. I want to respect and preserve a quality of life for people who may be close to the end of their lives or whose lives may be "different".

I enjoy listening to the residents and trying to understand their unique needs and perceptions. I've learned that not everything is based in actual reality but I can adjust my way of thinking to reflect the resident's perspective. The most challenging part of the Ombudsman role is sorting out fact and fiction and then finding a negotiable, reasonable, middle ground. What I enjoy the least is confronting or working with people who don't care or who are less than truthful.

When people ask about my work, I tell them how important it is to have community members involved with and connected to people in long term care. I tell people that Ombudsman work is challenging, interesting, and rewarding.

In conclusion, I want to again say that life goes on for people in long term care. It's certainly a different life but just as important. While we naturally focus on major issues and concerns, we must also remember the little things as they are very meaningful. We must work to assure that the "little things" are acknowledged, addressed, and respected.

Page 5 THE UPDATE